LAKE HAVASU CITY MUNICIPAL COURT
2001 COLLEGE DR. STE 152
LAKE HAVASU CITY, AZ 86403
FAX (928) 680-0193

REQUEST FOR CONTINUANCE

Case #:_____

Name:_____
FIRST MIDDLE LAST

Address:_____
CITY STATE ZIP

Phone #:_____

Fax #:_____

Current Court Date:_____
MONTH/DAY/YEAR

Length of Continuance Requested:

☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ 30 days

Reason Code:_____ (Enter A-H) Other (Explain):_____

A-Schedule Conflict
B-Work Conflict
C-Transportation
D-Court Date for another Court
E-Incarcerated
F-Out of town/country
G-Medical Reasons (attach documentation from medical provider)
H-Other

FOR COURT USE ONLY

Request Granted: ☐ Request Denied: ☐ Reason: ☐

_____
Judge Date

A-Not Timely
B-Previous number of requests
C-No Conflict Confirmed
D-Other